REPRESENTING THE MOB: THE DESTRUCTION OF A SMALLPOX ISOLATION HOSPITAL IN ORANGE, NEW JERSEY 1901

by

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ABSTRACT OF THE THESIS

Representing the Mob: The Destruction of a Smallpox Isolation Hospital in Orange, New Jersey 1901

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Italian immigrants in Orange, New Jersey destroyed a newly constructed smallpox isolation hospital on March 11, 1901. Controversy ensued from the moment the community became aware of the Board of Health’s plan to quarantine smallpox victims in their midst. The implications of a nearby isolation hospital threatened the neighborhood’s residents with both contagious disease and unemployment. After the community’s protests erupted in the hospital’s destruction, newspaper coverage quickly turned ugly, characterizing Orange’s Italian immigrant population as a “mob” unfit for autonomous governance. Not only did The New York Times, Washington Post, Newark Evening News, and Philadelphia Inquirer write overwhelmingly disparaging articles about the immigrant residents of Orange, but newspaper characterizations of the event prodigiously supported the actions of the city’s Board of Health.

The destruction of a smallpox isolation hospital in Orange serves as a case study that analyzes the rising authority of public health in American society, and the tension caused between the City’s Board of Health and the Common Council, Mayor, Police Chief, and community, by the exercise of that authority. The mid-1800s saw the advent in the United States of standing Boards of Health in major towns and cities for the purposes
of combatting epidemic disease. As medical authorities gained unprecedented power with
the rise of public health at the turn of the twentieth century, supported and sustained by
the police powers of the state, many Americans felt threatened by compulsory
vaccinations and forced quarantine. Immigrants were disproportionately affected not only
by deadly epidemics, but also by authorities’ often heavy-handed efforts to manage the
real and imagined “contagion.” The mischaracterizations of Orange’s residents obscured
how and why the community viewed the short-lived isolation hospital as a threat to their
well-being. In fact, newspapers demeaned the city’s Third Ward by constantly
insinuating that Italian immigrants were not acting in the public’s interest. Such coverage
suggested that these immigrants had questionable motives and loyalties, were incapable
of self-governance, and were generally unfit for American citizenship. Ultimately,
newspaper representation alienated Orange’s Board of Health from the remainder of the
community and created a situation in which benefitting no one.
Table of Contents

Introduction: “The Outrage at Orange”

Part I: “The necessity for an isolated place where the patients can be sent…”

Part II: “The Riotous Element in Orange”

Part III: “Mobs do not often reason…”

Part IV: “…the tendency of semi-civilized communities to place insurmountable obstacles in the way of health authorities…”

Conclusion: “…we might be content to let those suffer who should.”
Introduction “The Outrage at Orange”

In the late hours of Saturday March 9th, 1901, the same day that a quarantine hospital’s construction commenced, tenement occupants in Orange, New Jersey attempted arson. The following morning the Newark Evening News reported: “The incendiary and lawless utterances of intelligent men, which were boldly made on the streets of Orange yesterday, resulted last night in one misguided man attempting arson by setting fire to the temporary isolation hospital.” Newspapers such as the New York Times and Washington Post also followed the story over the next week. Unlike the lone journalist form the Newark Evening News, who portrayed the incident as the consequence of one man’s “misguided” action among a crowd of “intelligent men,” most journalistic coverage characterized the events in Orange as acts of violence committed by an “uncontrollable mob.” Why – as indicated in a lede like The New York Times’ “The Outrage at Orange” – was there such condemnation for the city’s residents?

It is true that in the early morning hours of March 11th residents of Orange finalized the previous night’s arson attempt by decimating the hospital using hatchets and axes. Yet, as the week progressed the media’s tale evolved from March 9th’s “Objected to Pesthouse: Orange Residents Became Aroused When Workmen Began Erection of Isolation Hospital” to the eye-catching headline of March 11th, “Mob Destroys the

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2 “Set on Fire by a Mob,” The Washington Post, March 10, 1901.
Pesthouse: Isolation Institution Demolished This Morning by a Crowd Armed With Hatchets.⁵⁻⁶ A common theme emerged, the majority of journalists cast the hospital’s destruction as the act of immigrants who were not only incapable of responding reasonably to the threat of the region’s smallpox epidemic, but fundamentally unfit to rule themselves. Why did the lone journalist from the Newark Evening News describe the same residents as “intelligent men”? What did this local reporter see that other journalists did not?

The difference between the actions of “one misguided man” and those of a “mob” represent the difference between denouncing one man versus condemning an entire population. Even among other articles published in the Newark Sunday News and its weekday embodiment the Newark Evening News, the reporter who initially characterized the event as the actions of one “misguided” man, the outlying view is partially attributed to the timeline of events. When “Pesthouse Set Afire,” was published, the building remained standing. The Newark Evening News began referring to the incident with the moniker “mob” on March 11th with the lede, “Mob Destroys the Pesthouse,” after the complete destruction of the isolation hospital by a crowd with hatchets and axes.⁷ The author of “Pesthouse Set Afire,” made note of the “one hundred sympathizers” that followed police back to the station in protest of a teen’s arrest related to the incident.⁸

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⁵ “Objected To Pesthouse: Orange Residents Became Aroused When Workmen Began Erection of Isolation Hospital,” Newark Evening News, March 9, 1901.

⁶ “Mob Destroys the Pesthouse: Isolation Institution Demolished This Morning by a Crowd Armed With Hatchets,” Newark Evening News, March 11, 1901.

⁷ “Mob Destroys the Pesthouse.”

⁸ “Pesthouse Set Afire.”
Unlike other articles, the outlier provided evidence of an alternative story in which Third Ward residents supported each other in the face of a threat, despite the actions of one “misguided” man. While majority media coverage insinuated that the Third Ward’s citizenship status was questionable through use of the term “mob,” the lone journalist saw working class people saw ousted from the supposedly democratic process.

Over the next few weeks, newspapers displayed a preference for mischaracterizing the actions of Orange’s residents as those of a “mob” who stood opposed to the rational exercise of authority embodied in the actions of the city’s Board of Health. Reportage continued to cover the story from the initial attempt at arson, to the destruction with axes and hatchets at 1:00 A.M. Monday morning, and back to arson when the remains of the destroyed building were set on fire before sunrise on Tuesday, March 12th. National and local newspaper articles established their absolute support for public health authority:

The Common Council may feel that it has acted in a business-like and thoroughly satisfactory way in the manner it has failed to co-operate [sic] with the Board of Health in its efforts to meet the emergency created by the presence of small-pox [sic] in the city, but it is doubtful whether many citizens who have given any though to the situation will agree with them…Earnest and intelligent co-operation [sic], instead of unreasoning and unreason-able [sic] oppositions, would have resulted in a more satisfactory meeting of the emergency, and a better safe-guarding of the health of the city according to modern scientific methods of sanitation.9

Even when it was discovered that the location of the construction had not been approved by the Common Council, the newspapers continued to disparage those that destroyed it rather than commenting on the questionable practices of Orange’s Board of Health, “It

9 The Orange Journal, April 6, 1901, New Jersey Historical Society.
was no time to chop logic as to whether or not a statute required them to ask the consent of the Council before erecting their temporary hospital on the only piece of ground available in this great and intelligent community.”

With two documented cases of smallpox in the city, the Board felt compelled to build a quarantine hospital as soon as a location became available. In doing so, they did not abide by the 1898 law that stipulated that isolation hospitals could only be built with the permission of the Common Council, which the Board of Health lacked. The first location offered happened to be the city’s garbage disposal lot.

Newspaper articles backed public health authorities so ardently that rather than serving the Orange’s Board of Health, the articles exacerbated an already fraught situation between local government entities. In siding with the Board of Health, The Orange Chronicle ignored pertinent information regarding the legality of the location. The isolation hospital burning controversy occurred between public health authorities and those who felt that their individual freedoms were compromised through the Board of Health’s actions. The media’s narration paints an alternate picture of an “unintelligent mob” whose selfish act of violence in the face of the government’s determined attempt to keep the entire town safe, “Emphasis was also placed upon the thought that a combination of misguided autocracy, coupled with official indiscretion, usually results in


11 “Objected To Pesthouse.”
mob violence, or something resembling it.”¹² The derogatory language fed off specifically assigned racial characterizations.

Immigrants to the United States lived in conditions that heightened disease susceptibility. In the 19ᵗʰ and 20ᵗʰ centuries, state and local governments passed legislation during disease epidemics meant to keep the upper and middle classes safe, giving less actual regard to illness among the lower classes than to stemming the contagion among them for fear that it might spread to respectable society. The poor often suffered with little hope or help, while their afflictions were aided and abetted by unsanitary conditions. Moreover, poor Americans often had little choice but to endure the quarantines and isolation hospitals that counted as their last resort during epidemics.

The unlawful construction and consequent destruction of Orange’s would-be isolation hospital mirrors the controversial rise of public health authority in the United States, in the decades following the Civil War. From the mid- 1860s forward, Americans witnessed the rise of public health authority backed by the law in times of contagion. As authority grew, so did the media’s support of organized and lawful actions to protect the “public health.” When epidemics occurred, public health officials exercised unprecedented power over peoples’ everyday lives, often restricting individual rights in order to prevent the spread of contagion. The transition to the prevalence of powerful public health authorities created tension between those desperate to maintain the overall health of the city and those determined to preserve their individual liberty. Public health authority continued to grow throughout the 1890s and early 1900s, and courts almost uniformly ruled in favor of any forced measures or accusations of infringement upon

individual liberties that were incited by public health authorities. In cases where the local government did not support the Board of Health’s actions, public health authorities struggled to establish and sustain power in the face of public backlash. The media overwhelmingly reported the event as an act of stupidity and viciousness, and in doing so exacerbated fraught tensions between Orange’s Board of Health and the community.

Historians have investigated the helplessness and high death toll of the American lower classes during times of disease, as well as “cultural differences in defining wellness, disease, cleanliness, healthcare, and religion’s role in healing the sick.”

Charles Rosenberg’s ground-breaking *Cholera Years: The United States in 1832, 1849, and 1866*, (1962), explored, in part, the overwhelming sickness that inhabited impoverished neighborhoods and was routinely coupled with blame and condemnation for the lower classes. Barron Lerner’s *Contagion and Confinement: Controlling Tuberculosis Along the Skid Row*, (1998), contends with continued confinement of the underprivileged sick after antibiotics arose to combat tuberculosis and other bacterial infections. Guenter Risse’s *Plague, Fear, and Politics in San Francisco’s Chinatown*, (2012), examined the evolution of Chinese immigrants from medical menace to model citizen in the same time period as the isolation hospital destruction in Orange. Risse’s case study examines how and why public health authorities unfairly blamed Chinese immigrants in San Francisco for the nation’s first Bubonic Plague outbreak, and examines the ways in which Chinese immigrants worked to combat growing public health authoritarianism.

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Newspaper articles portray the historical narrative in Orange as an act of vandalism; however, recent secondary sources, that analyze cultural and social factors complicate the narrative by explaining underlying causes of tension between public health authorities and impoverished immigrant populations, such as Italian adaptation to or refusal of government interference during disease epidemics. There have been notable histories like Judith Walzer Leavitt’s *Typhoid Mary: Captive to the Public’s Health*, (1996), Alan Kraut’s *Silent Travelers: Germs, Genes, and the “Immigrant Menace”*, (1995), and Nayan Shah’s award-winning *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown*, (2001) that explore the real and imagined immigrant experience surrounding epidemic disease. Shah’s work not only shows how Chinese immigrants and Chinese Americans resisted stereotyping and stigma. Part of Shah’s argument examines Chinese fitness for citizenship, but it closely examines how American authorities viewed Chinese fitness for citizenship. As Shah notes: “The criteria of both subjectivity and full citizenship converge in the recognition of the capacity to reason and an expectation that certain manners, habits, and types of consciousness and socialization would foster the capacity for self governance.”¹⁴ Much like the Chinese’s questionable “capacity for self governance,” newspapers covering the Orange incident were questioning the fitness of Orange’s Italian population. Yet, there remains a very strong need for more histories that analyze media stigma that immigrant populations faced.

alongside the cultural and social factors that informed characterizations of those populations’ motivations.\textsuperscript{15}

The Eastern seaboard of the United States at the turn of the century attracted millions of immigrants with the promise of employment and prosperity. As immigrants found America, disease found them. As historians have shown, cultural differences among immigrants and Americans led to misunderstandings in regard to public health officials’ authority. Misunderstandings caused clashes and created false racial stereotypes towards immigrants. For example, nurses attempting vaccinations in Italian neighborhoods complained of their charges stating, “These people are very ignorant and suspicious.”\textsuperscript{16} To immigrant families, public health authorities represented a threat to


\textsuperscript{16} E. Holmes, “Report of Nurse” (Department of Health, City of New York, Special Investigation of Infantile Paralysis, August 24, 1916), Rockefeller Institute Papers.
employment, health, and family. In times of sickness, the wealthy characterized immigrants as dirty and unfit, blaming them for the unhygienic conditions that they were had no control over.

American Nativists in the Northeastern United States imposed specific derogatory racial characterization on Southern Italian immigrants in regards to health. In 1890, a political economy professor at Columbia University described Italian immigrants in New York tenements in their bedraggled state, “Huddled together in miserable apartments in filth and rags, without the slightest regard to decency or health, they present a picture of squalid existence degrading to any civilization and a menace to the health of the whole community.”

The American media, at the turn of the twentieth century, routinely perpetuated this stigmatizing characterization of Italian immigrants. Middle and upper-class citizens saw Italians, the immigrant group discussed in this paper, as racially inferior, particularly Southern Italians. Southern Italians were forced into the low-paying, dangerous employment opportunities that accompanied their social positioning. The immigrants that settled in Orange, New Jersey faced an array of challenges including their racial categorization.

The rise of public health authority in the U.S. meant that in many cases, Americans had limited legal power to protect themselves from what might seem to them

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to be arbitrary abuses of the states ‘police powers,’ and so there were instances where communities came into conflict with Boards of Health during active epidemics. When Orange’s residents perceived the isolation hospital as an encroaching threat, they refused to accept their fate set forth by the city’s Board of Health. Then, after the citizens of Orange took actions into their own hands by destroying the isolation hospital, the media criticized them as rioters operating under “mob law,” who needed, “elementary teaching as to contagious diseases.” \(^{19,20}\) The actions of the Orange community in self-appointed authority posed a direct threat to the rising power of public health authorities resulting in their mischaracterization from geographically isolated and local newspaper sources.

In *Pox: An American History*, (2011), the author, Michael Willrich, briefly mentions the 1901 burning of a smallpox isolation hospital in Orange, New Jersey.\(^ {21}\) Willrich relays the incident in two paragraphs without going into much detail or interpretation of the event. This thesis paper resulted from my desire to learn more about the controversy surrounding Orange’s short-lived isolation hospital. It explores, as much as the limited sources can yield, how, smallpox became a vehicle for self-appointed authority in Orange’s Third Ward after the city’s Board of Health persisted in ill-advised construction of an isolation hospital. The disparate newspaper coverage discussed in the opening paragraphs, examines the difference between reportage that denigrated the autonomy of Orange residents and their reasons for protesting the hospital and the lone account that suggested intelligent motives and justified community protest. The case

\(^{19}\) *The Orange Chronicle*, March 23, 1901, The New Jersey Historical Society.

\(^{20}\) “The Isolation Hospital Squabble.”

study of Orange’s isolation hospital destruction in 1901 reveals an environment, in the United States, that utilized the power of the media to bolster public health authority. Media reportage interpreted any adversarial attempt, like that of Orange’s Third Ward residents, as the act of those unfit for self-governance and consequentially, American citizenship.

Part I: “The necessity for an isolated place where the patients can be sent…”

The Board of Health of the city of Orange found it necessary in the closing days of February 1901 to search for funding and a location to construct an isolation hospital in the community because they anticipated an outbreak, after two confirmed cases of smallpox. Orange’s smallpox emergency originated with Mr. and Mrs. Henry Williams, a local couple who made a seemingly innocent trip to visit friends in New York City and returned to their New Jersey home carrying a deadly disease. In the last week of February, Orange Memorial Hospital admitted Mrs. Henry Williams to be treated for flu like symptoms. Eight days later, Dr. Whiteside diagnosed Mr. Williams with smallpox and concluded that Mrs. Williams must have varioloid, a mild form of the disease. Orange’s Board of Health immediately took charge of the situation, mandating quarantine for the Williams’ entire apartment building, and issuing compulsory vaccinations to the surrounding area.¹ Why did the Board of Health feel that two cases of smallpox necessitated such drastic measure.

¹ “Objected To Pesthouse.”

Orange, New Jersey’s trial with smallpox was part of a broader epidemic in the Northeast United States. The first outbreak of smallpox first emerged in Boston, during the Fall of 1900. Over a period of two years, public health authorities recorded 1,596 in Boston alone, and the disease purportedly claimed 270 lives. The working class overwhelmingly accounted for the nearly 17 percent mortality rate. The disease then travelled south to New York, devastating overpopulated and underserved city neighborhoods.

Newspaper headlines reported trails of devastation from city to city, serving as a map and simultaneously predicting where the disease would strike next. An article in *The Journal of Infectious Diseases*, issued in 1913, published a chart detailing the rise of the epidemic by monitoring the number of deaths in New York City. Of the 157 recorded smallpox cases in 1900, 12 died, compared to the 1,959 recorded cases in 1901, with 410 deaths. By February, physicians in New York City reported 181 cases of smallpox, surpassing the number of cases from the year before in the first few months of 1901.

Mr. and Mrs. Henry Williams were not alone in bringing smallpox from New York City to New Jersey. Smallpox traveled across the Passaic River to New Jersey with regularity as Americans traveled across the region. In 1901, New Jersey experienced 1,139 cases,

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leading to 142 deaths and a 12.5 percent mortality rate. Along with Orange, the disease severely affected Jersey City, Elizabeth, Newark, and Rahway.⁶

Smallpox, also known as variola major or variola minor, decimated entire populations until coordinated vaccination efforts led to its worldwide eradication in 1980. For example, when Europeans immigrated to the American continents, they brought smallpox to the previously unexposed Native American population. Native American lack of immunity led to the death of millions.⁷ The disease recognized no boundaries in terms of gender, ethnicity, or class. Large pustules, caused by the disease, scarred the victims that survived, creating visible reminders of the ghastly illness. People in economically disadvantaged neighborhoods were particularly susceptible to contagious disease. Oftentimes, contaminated individuals purposefully avoided medical attention, either because they could not afford physicians’ bills, or they sought to evade quarantine and hospitalization. In 1901, smallpox did not have a cure.

Smallpox spread through prolonged exposure to the virus. The disease has an incubation period between seven and fourteen days. During this time, victims show no signs of illness but are contagious and able to spread the infection. Carriers of variola minor are affected with a mild case of the disease that afforded immunity with little to no consequences. Variola major manifested in the pustules that came to characterize the disease and eventually led to the common name for smallpox. Large pustules on the body filled with a clear liquid during the duration of the disease caused scars. These pustules

⁶ Chapin, “Variation in Type of Infectious Disease.”

were extremely painful and appeared all over the body, ranging in size from minor irritation to severe scarring. If the case was mild and the patient recovered, the clear liquid was absorbed back into the body, leaving a blue or purple tinted indentation in the patient’s skin. Their scars easily identified smallpox convalescents, and though the scars signified survival, victims were often treated as if they were still diseased.

Germ theory contributed to many advances in the scientific community, but the cause of smallpox remained an enigma to professionals throughout the nineteenth and beginning of the twentieth century. Doctors had yet to discover the specific smallpox pathogen as of 1901. However, because of the newly disseminating theory, medical professionals had a cursory understanding of how the disease was spread, though they could do little other than treat the symptoms once it was contracted. Throughout the nineteenth century, smallpox had a mortality rate of 20 to 30 percent. In attempts to control disease outbreaks, public health authorities enforced massive vaccination efforts. Articles circulated about deaths caused by vaccinations, while others advocated that vaccination ensured protection. Vaccination efforts by the nation’s public health authorities received a welcome endorsement with the historic case, Jacobson v. Massachusetts in 1905, in which the United States Supreme Court ruled that mandatory vaccinations laws were constitutional. The case began in February 1902 when the state of Massachusetts arrested Henning Jacobson for refusing a smallpox vaccination, during an


active epidemic in his hometown, Cambridge.\textsuperscript{11} Prior to this, the Supreme Court case, public health authorities in Massachusetts regularly enforced mandatory vaccinations during times of active disease outbreak, but the Jacobson case solidified nationally the rights of local and state governments to utilize their police powers to limit individual liberty wherever disease threatened the health of the community. Public health officials routinely made efforts to vaccinate susceptible populations using their increased authority in the early 1900s, but they also found that their legal authority had its limits as well.

As a further precaution to prevent spread of the smallpox, public health authorities enacted quarantines. Quarantines for smallpox lasted two weeks, and posed a threat to both health and livelihood of those quarantined. Smallpox manifested itself in unhygienic conditions, where the virus could spread rapidly and immunity was compromised by malnourished and sickly conditions. Worker’s compensation did not exist and being forced to stay home from work without pay for two weeks devastated impoverished labor families. Alongside vaccinations and quarantines, city boards of health often ordered the construction of isolation hospitals to house victims of the contagion. Lower classes only actively sought isolation hospitals in times of desperation. In their eyes, an isolation hospital was a place to die, rather than an institution in which to fight for survival. Many of these structures lacked funding and continued to undergo construction even as they admitted contagious patients. After the cholera epidemics of the 1800s, all major cities developed boards of health, but public health intervention focused on containment and quarantine, and the funding allotted often went to prevention rather

than treatment. Isolation hospitals served as a symbol of disease and death, and practices, such as mandatory vaccinations and quarantine, limited individual liberties, which caused clashes between public health authorities and communities.

Public health officials felt emboldened by the authority to the point that they acted without real consideration and consultation with the community and its other leaders. Tenements housing Italian immigrants surrounded the chosen construction site, and the implications of an isolation hospital posed a threat to nearby residents. Cultural differences surrounding ideas of health and treatment, alongside the questionable legality of the Board of Health’s actions gave way to animosity and attempted arson. Newspapers closely followed smallpox’s trajectory in Orange. The Newark Evening News, Orange Chronicle, and The Orange Journal frequently published articles to keep Orange and surrounding cities informed, while supporting the city’s Board of Health in its bid to secure funding for an isolation hospital. Once the first attempt to destroy the building occurred, national newspapers also began following the story. Both portrayed the events that occurred over the weekend of March 9th through a narrow lens of public health heroism in the face of “insurmountable obstacles.” In doing so, journalists ignored social, cultural, and legal factors that played an integral role and worsened the strained relationship between the Orange community and its Board of Health.

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13 “The Outrage at Orange.”
Part II: “The Riotous Element in Orange”

Immigrant life in Orange, New Jersey 1901 was characterized by hazardous factory work, unhygienic living conditions, and racial stigma. Italians seeking work in the Northeast flocked to Orange’s thriving hatting industry and endured the associated health hazards of prolonged mercury exposure. Many lived on Mechanic St. in crowded buildings next to the city’s disposal site. Health threats entwined every aspect of their lives. The implications of an isolation hospital in their midst invited contagion, and threatened enforced quarantine, which jeopardized employment. Medical professionals and public health officials viewed Italians as dirty, difficult to deal with, and diseased, and media sources perpetuated the racial stereotype. The growing authority of public health officers during times of contagion posed a direct threat to laborers’ livelihoods and tensions between public health authorities and Orange’s Italian immigrant population were aggravated by racial bias exuded by media outlets.

Orange, New Jersey’s booming hatting factories marked it as an industrial town in 1901. Over a dozen factories existed, employing thousands of residents and attracting immigrants to the town in search of work. The town was near enough to major ports to provide ready access to foreign materials, which were cheaper to purchase, and the infinite labor supply provided by the immigration era. A directory published that year discussed fruitful industry in Orange, stating, “The advantages which Orange offers as a location for manufacturing industry are proven by the large number of establishments

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1 “Set Wreckage of Pesthouse Afire: Another Lawless Demonstration by the Riotous Element in Orange Early This Morning,” Newark Evening News, March 12, 1901.
engaged in the many industries now carried on there.”² Over thirty hat factories including, Austin Drew, Frederick Berg & Company, E.V. Connett & Company, and Frederick Cummings Son & Company, established headquarters in the area. These companies employed 125, 700, 425, and 400 persons, respectively.³ In a town with a population of 24,000, hat factories and others that supported hat making made up a considerable portion of the workforce.⁴ While the poor sought factory work in Orange, the town also attracted the wealthy. The upper class found the location ideal for getting away from the large cities like Newark, New York City, and Philadelphia because the mountains surrounding the Orange’s, East Orange, West Orange, South Orange, and Orange.

The town’s fortunes rose and fell through hats, “For years this business has been recognized as the backbone of Orange’s prosperity…the thriving condition of all trades in the city in the past have been directly due to the prosperity of this one industry.”⁵ Hat factories stood paramount as the largest industrial enterprise in the town, and a majority of the other factories existed to supply or support materials for hat making. Industrial centers attracted those in desperate need of a stable income, no matter the amount or type


³ “The Industrial Directory of New Jersey / Compiled by Bureau of Statistics and Records, New Jersey State Department of Labor. 1901.” This is not a complete list of the hat factories in Orange, there were several others not listed above.


of labor. During the height of immigration into the United States, between 1890 and 1920, a dependable workforce was readily available through the continuous stream of ships that arrived from all parts of the world to deliver those seeking the prosperity in America. Immigrants that sought solace on American shores often hailed from places that were suffering severe depressions or corruption, resulting in class deficit and debt. Immigrants who could not find work in New York City, or already had connections in other cities, made their way through the Northeast. Many travelled to previously established communities in surrounding areas, but often wished to stay near large port cities so they could easily access travel back to their country of origin. The Italian culture prioritized close family bonds and often established communities in industrial towns and then invited family members to join with promises of work and wealth, or conversely worked to earn enough wages then returned to Italy.

Industry continued to grow in Orange until 1890 when the McKinley Tariff Act was passed. The law increased taxes on foreign goods, which indirectly effected factory cost of production. The majority of factories in New Jersey manufactured silk hats with material purchased from foreign countries at cheaper prices. Prices for silk, fur, and other necessary materials increased drastically, causing hat factories in the area financial insecurity. The New York Times lamented the rise in prices of foreign materials stating, “Raw materials taxed until the imported manufactured article undersells the domestic

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6 Kraut, Silent Travelers.

product.”8 The McKinley tariff made it less expensive to purchase a full product produced in a foreign country than to find one at a competitive price in the United States. Business owners resorted to desperate measures to survive at the direct expense of their employees.

The rising cost of production significantly affected workers. As their production cost increased, employers implemented two combatting measures, downsizing and drastic pay cuts:

The New York *Evening Post*, describes the stagnation in the hatting industry in Bloomfield, N.J. The factory Ellor Bros. & Hall, which, when running at its full capacity, gives employment to 150 or 160 hands, now has 85 employed, about 20 of whom are girls… Hampson & Ellor’s factory, which in good times gave employment to about 125 hands, was closed permanently last December. Peter Coons, an employee of Ellor & Law, says that his wages during the last year have not averaged over $6 a week, against $15 and over when business was good. Mr. Law says the depression is not only felt in Bloomfield, but that the same state of affairs exists in Orange, N.J…9

The situation in New Jersey left thousands of men unemployed and forced those who remained employed to scrape a living together through a halved salary. Entire families depended on the wages derived from one man’s factory work. Notwithstanding the lack of employment security and low wages, immigrants continued to stream into Orange. The future of Orange’s industry looked grim, and conditions continued to devolve for several years following the tariff.

Subsiding on terrible wages, the economically disenfranchised remained determined to survive the depression in hopes that it would resolve itself and they could

8 “Dying from the Tariff.”, 11.

once again return to both work and livable wages. Despite the hardships faced, Italians
strived to maintain independence, “It is greatly to the credit of Italian self-respect that, in
spite of low wages, less than one-half of one percent. [sic] of the Italian population seeks charitable aid…”\(^{10}\) Despite studies to the contrary, American’s habitually perceived Italian immigrants in a negative light, nevertheless, Orange’s population persevered. The recession within the hatting industry harshly affected the Italian community in the town. For years, it appeared that the hand-to-mouth existence in which they lived would never end. After four years, it seemed as if their fortunes were looking up.

In 1895, a resurgence in the hat industry emerged, *The New York Times* wrote an article using the Orange hatting industry as an indication of an industrial nation once again on the rise:

> No surer indication of the return of good times has probably manifested itself than the revival of the hatting industry in the Orange district, where manufacturers and journeymen have lived from hand to mouth under the constant shadow of financial ruin and idleness since the tariff agitation which began with the introduction of the McKinley bill and made what was formerly one of the most thriving industries in New Jersey uncertain and unprofitable.\(^{11}\)

Factories returned to full capacity for the first time since the McKinley Tariff was imposed; however, the return in industry left a loophole in setting wages. During the period of recession, wages dropped from $15 to $25 a week to $5 or $6, while goods retained the same price point or grew.\(^{12}\) As the industry revived, employees expected wages to increase to their pre-tariff value. Employers and owners took advantage of the

\(^{10}\) Antonio Mangano, *Sons of Italy: A Social and Religious Study of the Italians in America* (Missionary Education Movement of the United States and Canada, 1917), 120.


resurgence in business and low wages established by the fall of the hat industry by marginally increasing wages rather than returning to pre-tariff income.\textsuperscript{13} Laboring within the hatting industry during the turn of the century was an ill-paid job in which factory owners benefited from recession wages in order to turn a profit. For the miniscule wages that employees were being paid, they were subjected to a harsh working environment.

During the same period that employees were forced to accept exceedingly low wages, labor review boards assisted by the medical profession began to recognize other dangers associated with hat production. Before labor regulations existed in the United States, the grueling process of hat making was allowed and encouraged to proceed with practices that had serious medical side effects on employees. The phrase “mad as a hatter,” originated because prolonged labor in hat factories literally drove employees to insanity. Factories utilized mercury in hat manufacturing, which caused several toxic side effects in the hatter’s bodies. Prolonged exposure to such toxic chemicals led to a multitude of health problems. The toxin entered the bodies of laborers through the skin and respiratory system, and the extended work hours forced workers into near constant exposure. One study noted several symptoms of prolonged contact, “Workmen who acquire chronic mercurialism complain of increasing headache, lassitude, weakness, insomnia and muscular pains.”\textsuperscript{14} Alongside the low wages owners paid for hazardous work, factory labor resulted in poor health and heightened susceptibility to illness.

\textsuperscript{13} Harry B. Weiss and Grace M. Weiss, \textit{The Early Hatters of New Jersey} (New Jersey Agricultural Society, 1961).

\textsuperscript{14} William Gilman Thompson, \textit{The Occupational Diseases: Their Causation, Symptoms, Treatment and Prevention} (D. Appleton, 1914), 293.
By 1901, medical professionals studied and documented the dangers of working in industrial settings, including hat factories. J. Addison Freeman, a doctor in Orange, wrote one of the first essays analyzing the health issues that affected laborers in the hatting industry in *Transactions of the Medical Society of New Jersey.* One common illness that developed as a direct result of industrial work in hat factories was called hatter’s shakes. A witness to hatter’s shakes described a heart-wrenching scene depicting the after effects of mercury poisoning if exposure continued unabated and untreated:

I have seen the latter [muscular tremors] so intense as to resemble superficially advanced paralysis agitans[*sic*] and the victim is unable to convey the contents of a spoon or glass of water to the mouth without spilling… From this the patient may recover after a long interval of cessation of work, but too often her returns again and again, each time becoming worse, until he becomes a hopeless invalid, with trembling lips and tongue, hesitating, whispering speech, a peculiar drooping or drawn expression, a staggering, drunken gait and condition akin to senile dementia. Long exposure to elements commonly found in hat factories frequently led to further severe health issues.

The health risks associated with industrial factory work often led to financial strain. If laborers did not take time to rid their bodies of mercury poisoning, they eventually became paralyzed. As one observer noted, “The paralysis usually first involves the hands and arms, and later may affect most of the body and legs. Mrs. Bates refers to a patient whose hands were so weak and tremulous that he had to hire a comrade to help him...Such patients eventually become unable to feed or dress themselves.”

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17 Thompson., 294.
only did those who succumbed to mercury poisoning create monetary strain in the form of medical bills, their health dissolved to the point that they became a financial burden on the family that once depended on them for sustenance. In the early 1880s, L. Dennis was cited in the *American Labor Legislation Review*, examining “168 cases of mercury poisoning among 1,546 hatters.”\(^\text{18}\) Over ten percent of the industrial workers examined were suffering from health issues in varying degrees depending on length of exposure.

The physical and mental illness associated with hat factories led to an employee population comprised of those who desperately needed jobs, despite the health hazards they may incur. A Harvard professor studying emigration statistics commented on the perils of physical labor and the susceptibility that accompanied the strenuous work:

> But the question of health has another aspect which no one who has read the record of the Italians abroad is likely to ignore. To quench his thirst at the alluring cascade of gold, the emigrant skimps sustenance, toils in perilous, congested, unsanitary work-places\(^\text{sic}\), braves all unfit rigors of alien climates, and in the decline of his health pays the price. It is a tale of every day. By no means every such emigrant returns to Italy. But no one who reflects that the eastward journey overseas is made much less often than the westward can fail to be impressed by the far greater numbers of sick Italians reported by the ship physicians for the eastward journey, especially that from the United States.\(^\text{19}\)

The ill health caused by the intense and dangerous working conditions had far-reaching effects traversing the Atlantic. Contagion occasionally appeared in factories to complicate the institutionalized health hazards. In times of epidemic, factory foreman mandated vaccination if possible, and quarantine, if not. Factory owners and laborers

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alike worked to avoid contamination, factory owners because they wanted production to continue, and laborers because they needed the wages to survive.

The low pay and high risk served as an unattractive job advertisement to most, but many swarmed to cities and towns to accomplish the hazardous work. Due to the astonishing influx of foreign labor, Orange had a readily available employee source. A New Jersey directory described, “The supply of labor is practically unlimited,” directly referring to the relatively small industrial town.\(^{20}\) In Orange, this meant an increasingly growing population of immigrants, particularly Italians looking for work overseas in America and African Americans fleeing from the post Civil War South.\(^{21}\) Health threats were already a daily part of the lives of immigrants in Orange before disease arrived due to workplace hazards. With the compromised immunity that accompanied the strenuous industrial work, contagion easily found its way into the neighborhoods of exposed factory workers and their families.

Italian immigrants throughout the turn of the century faced difficulties adapting to the medicine and health culture in America. The distinction often led to clashes among health officials and an exponentially growing population of immigrants. A United States Immigration Report from 1911 concluded that from twenty-one of the highest grossing industries in the country 57.9 percent of the employees were foreign born.\(^{22}\) Over 50 percent of the work force arrived from other countries with no knowledge of how


America dealt with health and no previous experience with government intervention in what many deemed a personal matter. The United States enforced stricter health regulations, and the rise of public health authorities did not translate to all cultures entering the country. Aside from the cultural differences that Italians faced, Americans stigmatized immigrants, including Italians, during times of ill health, often blaming them for both harboring disease and exposing healthy communities to contagion.

Between 1880 and 1921, approximately 4.5 million Italians traversed the Atlantic Ocean in search of a better life. The immigrants represented a community in desperate need of employment and funding. A majority of those who traveled seeking jobs hailed from southern Italy. Americans considered Southern Italians to be an inferior race and class, differing from Northern Italians. Racial make-up impacted life in America, “Race reflected elements of societal or industrial class: where an immigrant was likely to live (urban ghettos, mining communities, rural areas), and which industries or trades were likely to absorb the immigrant successfully (a function of former occupations, relatives already living in the United States, and, critically, health or fitness). Race also determined how the immigrant would assimilate (a function of both language and destination).”

Assimilation to United States society included adapting to medical practices of the country and succumbing to public health authority.

Immigrants left southern Italy because of the dire circumstances occurring among the impoverished farmlands of the largely agricultural area. After consolidation, the government remained headquartered in the North and cared very little for the happenings

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of Southern Italy, they turned their focus to industrial endeavors. Even in their own
country Southern Italians faced discrimination. The industrial north saw the south as,
“…populated by lazy, impoverished, irresponsible, crude, and often violent primitives,
rather than shrewd, hardworking, independence-loving, family oriented contradini.”24
Farmers were paid anywhere from 16 to 30 cents per day, a meager salary compared to
the wages that could be earned in America.25 The Italian government ruthlessly taxed the
south in order to increase debt and allowing landlords to take advantage of farmers with
little or no intervention.

Southern Italian farmers were finding it impossible to make ends meet, and in
failing to do so, sought work elsewhere. America’s thriving industrial sector generated a
reputation throughout the world that attracted those in need of a job. Stories of the United
States proliferated throughout Italy, relaying tales of opportunity and high wages.
Unfortunately, upon arrival, Italians learned that not all Americans or even fellow
immigrants were as welcoming as the country’s reputation previously suggested. The
stigma surrounding Italian immigrants painted a colorful and lurid picture, as one
magazine elucidates, “The Italian is despised as a pauper, suspected by the work-ing [sic]
classes because of his cheap labor, hated by the Irish, who regard him as an enemy of the
pope.”26 Others vehemently protested the unearned reputation citing multiple examples of
Italians acting as upstanding citizens. Antonio Mangano, a theological scholar of Italian

24 Kraut, Silent Travelers., 112.

25 “History of Italian Immigration,” accessed February 22, 2018,
https://www.mtholyoke.edu/~molna22a/classweb/politics/Italianhistory.html#why.

26 Vincent Van Marter Beede, “Italians in America.,” The Chautauquan; A
Weekly Newsmagazine (1880-1914); Meadville, January 1902.
descent, testified to the character of Italians residing in America, “In a New Jersey town the proprietor of a large store gives credit only to Italians. Said he, ‘We know they always pay. Once an Italian woman left town without paying her bill here. When the Italians heard of it, they made up the sum and gave it to the store, saying they wished to keep the Italian name free from strain.’”27 Another example from Mangano of Italian integrity in New Jersey articulates, “The normal Italian cannot rest happy if he owes any one [sic] money. An Italian in another Jersey town refused to put running water or any convenience in his new house until he had repaid a loan made him by a friendly American.”28 Though there are countless examples of immigrants upholding the highest standards of culturally perceived American mores and morals, the upper classes tended to adhere to the perception of miserly intruders. Along with the unearned reputation for stupidity and laziness, those that hailed from Southern Italy became unfairly associated with the added monikers of unhygienic and sickly, largely from the medical field and public health authorities.

In America, particularly in the North East, the immigrant community was plagued by an undeserved reputation for ill health, beginning before they arrived. “Steerage passengers from a Naples boat show a distressing frequency of low foreheads, open mouths, weak chins, poor features, skew faces, small or knobby crania, and backless heads,” one writer observed, he continued by commenting on the state of their health, or lack thereof; “Such people lack the power to take rational care of themselves; hence their

27 Mangano, Sons of Italy., 119.

28 Mangano., 120.
death-rate in New York is twice the general death-rate and thrice that of Germans.”

Italians were portrayed as unhygienic, impoverished and disease-ridden. This stigma created tension among an already biased medical and public health profession and impoverished immigrants during health crises. Those that settled in Orange, New Jersey experienced discrimination in the aftermath of the events on March 10th and 11th at the hands of the Board of Health and the media.

Americans believed that Italians posed a health hazard to themselves as well as the communities they lived in. A professor of political economy at Columbia University described Italian immigrants in New York tenements stating, “Huddled together in miserable apartments in filth and rags, without the slightest regard to decency or health, they present a picture of squalid existence degrading to any civilization and a menace to the health of the whole community.” Not only did the assertion degrade Italian ancestry, it also accused the population of being agents of disease. The political economy professor focused on the greater health of the community in his comment rather than discussing the health hazards that the immigrants themselves faced due to the poor living conditions they were often forced into. This incident was indicative of the rise of public health authority as backed by the law. Throughout the latter half of the nineteenth century, judges and juries continuously sided with Boards of Health in cases of disease prevention, though many intruded on civil liberties. Society looked at the incoming

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31 Gostin, “Jacobson v Massachusetts at 100 Years.”
immigrant population as a health hazard rather than as a population in desperate need of medical assistance.

The detrimental and unhealthy reputation that surrounded Italian immigrants permeated all classes of society, making it increasingly difficult for Italians to obtain adequate medical care. Because of the bias, medical professionals and public health authorities often approached immigrant neighborhoods with previously conceived inherent prejudice, skewing their perception and treatment. Nurses and doctors often wrote in reports that Italians as a people were particularly stubborn in the face of public health intervention, “These people neither understand nor speak Eng. [sic] so I could get very little accurate information … These people are very ignorant and suspicious.” The distrust and “suspicious” nature that the nurse sensed stemmed from long standing cultural norms among Italians, especially those that resided in rural areas.

Suspicion between the medical field, public health authorities, and Italians flowed both ways. As historian Alan Kraut noted in his work on the effects of health and knowledge production surrounding immigrants, “Italian families more than others irritated nurses and aroused their suspicions. Italians brought with them to America a basic distrust of people in positions of authority; this encompassed nurses and doctors. Not surprisingly, because they possessed the power to recommend that a family be confined to its home, nurses were often feared and resented as intruders by Italian immigrants…” Nurses and doctors had the power to separate families, set strict regulations on movement, and even condemn persons that they believed to be sick to

32 Holmes, “Report of Nurse.”

33 Kraut, Silent Travelers. 110-111.
hospitals, which were widely seen as places to die rather than as care facilities. Hospitals were overwhelmingly populated by the impoverished and used as quarantine facilities during times of contagion. Public health officials sent or sentenced the diagnosed in neighborhoods to hospitals in hopes of preventing the spread of disease while simultaneously forcing the unwell to seek treatment. Unfortunately, hospital mortality rates were exorbitant and few that entered left alive. The high rate of death among hospitals, especially isolation hospitals, was well known among communities. In the eyes of immigrants, public health professionals posed a threat to their family and livelihood, while in the eyes of the medics; immigrants posed a threat to themselves and the community.

The Orange, New Jersey isolation hospital burning was not the first incident of Italian backlash to public health intervention, nor would it be the last. Italians locked and barred doors, and outright refused entrance to public health officials who called. In some cases, families resorted to desperate measures in an attempt to evade what they believed to be unnecessary interference. During the 1916 polio epidemic in New York City, one nurse received a death threat from a archetypally Italian neighborhood, signed by the “black hand,” the pseudonym for the Italian mafia. Countless incidents between the medical profession, public health authorities and Italian communities suggest that Italians viewed government intervention through public health officials as an unwelcome intrusion on their private lives. Italian families retained traditional medical practices from their home country, which did not align with American beliefs. Government instituted

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health reforms and practices did not exist in Southern Italy, and it was an unsolicited cultural shock to those who moved to the United States.

Americans looked harshly upon Italian lifestyle, “It remains to be seen what we shall do with these voluble, volatile persons who blow up their saints with fireworks much too often for the tortured ears of their American neighbors; who hitch their piano organs to tired little horses and drive merrily on; who group for our dandelion roots and incidentally steal good fruit; who are forever dirking each other on the smallest provocation or unconsciously killing off their children with doses of beer and peppers.”

Media coverage continuously perpetuated these systemic beliefs, often utilizing derogatory language or stylized cartoons to further the idea of lesser intelligence and the inability to assimilate to American public health practices. The culmination of inherent prejudice within the medical and public health system compounded by media misrepresentation, Italian’s perception that nurses and doctors were intrusive, created an uneasy relationship throughout the country between Americans and Italian immigrants. When the need arose in Orange, journalists had a culturally constructed arsenal of negative imagery to pull from in order to shape the narrative through the biased lens of “ignorant” immigrant versus intrepid Board of Health.

**Part III: “Mobs do not often reason…”**

Orange’s case study is situated in the early phases of the Progressive Era.

American progressivism was marked by a belief that science and technology were

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35 Beede, “Italians in America.”

1 “The Outrage at Orange.”, 8.
capable of helping the nation overcome its social woes and vices – including health initiatives and unregulated industrialism. The public health establishment and journalists/newspapers united in their progressivist vision. Media during the era widely supported initiatives that furthered Progressive agendas, such as government intervention, through the public health establishment, concerning disease outbreaks. However, in keeping with ideas of the time, newspapers sided with the city’s Board of Health, designating the protesters to a status below citizenship. The vast majority of media reportage told a narrow-minded historical narrative that reinforced public health authority and simultaneously regarded Italian immigrants as a group whose citizenship status was questionable.

The threat of smallpox reached the town of Orange, New Jersey long before the contagion arrived. Newspapers recorded the disease’s spread along the Eastern seaboard, as its route was easily followed from New York City to nearby towns. After Mr. and Mrs. Henry Williams’ were diagnosed with smallpox at the end of February, Orange’s Board of Health began exercising their authority by restricting individual rights in an attempt to contain the disease outbreak. On March 7th, hospital staff removed Mrs. Williams from the hospital grounds back to her home under the watchful eye of Dr. Whiteside using a special transportation vehicle, borrowed from the town of Montclair. After she left the property, nurses fumigated the cabin in which she had resided, and the Board of Health quarantined the hospital until March 23rd to ensure that the incubation period for smallpox had transpired and the disease outbreak remained controlled. No patients would be allowed to enter or leave until the two weeks had passed. The Board of Health

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announced that in the case of a medical emergence ambulances would carry the injured to
the nearest hospital or physician’s house depending on need and other factors.\(^3\)

Quarantine commenced at 29 South Street. The high density of the neighborhood
surrounding South Street encouraged the spread of disease, which gravely concerned both
the Board of Health and Dr. Whiteside. The neighborhood surrounding South Street
contained African American inhabited tenements.

In an interview given the same day, William Schluer, the member of the Board of
Health who had been placed in charge of the outbreak by President Platt, issued a
statement mourning the inaction of Orange residents on the subject of an isolation
hospital:

It is but an instance of the indifference and lack of public spirit of the people of
Orange who could and should aid the Board of Health. There are people here of
means, owning large tracts of vacant land, who are in a position to help us, but
they will not…But we know how futile it would be to try and obtain any land for
an isolation hospital in a case like this, and so we are obliged to do the best we
can and confine the patients in a house in a thickly settled, the most densely
populated section, of our city. It is a crying shame that there should be such
indifference in a place like Orange.\(^4\)

On the evening of March, 7\(^{th}\), the City Council met to discuss what funds could be spared
and what steps taken in order to aide the Board of Health in battling the epidemic.

The council meeting was originally scheduled for 8:00 p.m. that evening, but
began late to everyone’s frustration, because of an earlier meeting of the Board of Excise.
All councilmen were present for the meeting except for Mr. O’Hagan. Following
attendance, a letter from Mayor Henry Stetson was read. The Mayor extended his

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\(^3\) “Hospital Will Remain Closed.”, 3.

\(^4\) William Schluer qtd. in “Hospital Will Remain Closed.”, 3.
gratitude to the Board of Health for suppressing the contagion and assured “that anything that could be done in the matter would have his hearty support and co-operation[sic].”

After the letter, health officer Schluer updated those at the meeting on the situation occurring on South Street. Upon hearing of the quarantine, Alderman Cuddy spoke, “It isn’t a question of the opportunity of removing these people. Some provision should have been made for them. I don’t see why the Board didn’t quarantine the entire street,” the Alderman went on to observe of the Williams’ home and surrounding neighborhood that, “One can walk from one roof to the other of that row of houses. There are nine houses three feet apart in that row, and this pesthouse is in the middle.” After thanking Alderman Cuddy for acknowledging the dangers of an epidemic, Schluer presented a requisition from March 29, 1892 signed by himself and President John T. Platt for $1,000 given to the Board to aide in battling a smallpox epidemic.

In response to Mr. Schluer’s request, Mr. Vanderpoel mentioned that as of March 1st, the Board had $512.23 in its accounts and suggested that those funds were sufficient to take care of the two cases, which he had heard were very mild. Mr. Schluer corrected the councilman, stating that his numbers were inaccurate and that the Board only had $280 left, as bills had to be paid and further stating that the majority of those funds would be required for March salaries. Mr. Vanderpoel asked, “Haven’t they been paid yet?,” to which Mr. Schluer replied, “Oh no. We don’t pay salaries in advance in the Board of

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5 Mayor Henry Stetson qtd. in “Funds Given to Fight Smallpox: Some Members of Orange Council Objected to an Appropriation of $1,000, but Were Outvoted,” Newark Evening News, March 8, 1901., 9.

6 “Funds Given to Fight Smallpox.”, 9.
Mr. Vanderpoel persisted in insisting that the amount seemed expensive considering the amount of cases and asked what the costs of the emergency were up to that date. “At present,” Mr. Schluer readily replied, “it costs us $5 a day for quarantine. We have a physician, who devotes his entire time to us, and we pay him $15 a day. We are also compelled to maintain two families, provide them with food, and also we have to provide medicine.” Mr. Vanderpoel followed this account by asking how large the families were, to which he learned that nine individuals were being cared for, as the family in the next house on 27 South Street was also being quarantined since records showed that they had contact with the Williams’ while they may have been contagious.

Mr. Schluer went on to state, after several inquiries from Mr. Vanderpoel, that the Board’s salary totaled $218 and that they would need $112.50 for the office’s rent on April 1st. To this extensive list of financial evidence that Mr. Schluer provided a reporter quoted Mr. Vanderpoel’s reply, commenting on his prolific mathematic skills:

“Your expenses are from $25 to $30 a day,” said Mr. Vanderpoel, who had been doing stunts in arithmetical calculation for some time. “To meet that you have got two weeks’ cash on hand, without looking after your salaries. Inasmuch as it is nearing the close of the fiscal year, and we will have another meeting of the council on March 25, I think it would be sufficient if we were to appropriate $500 to-night/[sic] and let the remainder, if it be needed, be provided for in next year’s tax levy. According to my figures, that will leave the Board of Health $818, which is within $30 or $40 of the amount they claim is actually needed, and if more be required we can appropriate it later.”

The journalist’s comment concerning a local government official illustrates the support that newspapers showed for public health officials. Mr. Schluer eloquently responded with the following monologue:

7 “Funds Given to Fight Smallpox.”, 9.

8 “Funds Given to Fight Smallpox.”, 9.
The gentleman has asked what our resources are, but he has not asked what can be done to effectually suppress the present epidemic, nor has he asked the conditions under which we are working. At 27 South Street we have two families, one sick and the other, up to this time, apparently well, but living in a house infected with a contagious disease, and it is not possible to allow them to leave that house. They must be confined there until the disease is over, and furthermore, having lived in an infected atmosphere, they must remain there for fourteen days after the patients have recovered, lest they have contracted the disease in its final stages. Imagine gentlemen, what it means to be cooped up in a house for no offence, simply that the public be spared from a loathsome disease. We are trying hard to get some public-spirited man in the city to give us permission to build a hospital on a vacant lot, and if that can be done this family that is not infected with the disease can be given their liberty. To build a hospital is at once the cheapest and the most humane method. If we can do this, $1,000 will not be a dollar too much, and even then we expect that the owner of the land will not charge us for rent of the lot.

To this impassioned plea for the freedom of innocent persons, Mr. Vanderpoel’s only reply was, “It’s only three weeks before the close of the fiscal year, and I am not in favor of loading up the city with any more obligations than are necessary.”

Following the exchange between Vanderpoel and Schluer, Aldermen Hamilton posed questions about the Board’s intent to build an isolation hospital. The Board answered reaffirming Schluer’s earlier statement, that if land should become available, they absolutely intended to construct an isolation hospital. Schluer reminded those present of the dangers of smallpox germs and the impending threat that any case posed, no matter how light it may seem, particularly to dense areas of the town. He went on to say that not only was the Board tending to the present situation, but also looking to the future, and ended by stating, “We don’t ask money for ourselves, we ask it for the good of the people.” At this point Alderman Cuddy asserted, “If the Board intends to move these people out, I will vote the $1,000, but if they are to be kept there I wont[ sic] vote it, and there will be trouble for the Common Council and the Board of Health if they are not

9 “Funds Given to Fight Smallpox.”, 9.
got out. I don’t think it was right to bring that woman from the hospital back to that house.” The Board made it clear to the council that they intended to build an isolation hospital if they were given the requested funds, and at least one member made it clear that the construction of an isolation hospital was expected if the funds were given.

The City Council unanimously passed the appropriation for $1,000 for the Board of Health to act in defense of the town against smallpox. Throughout the meeting, Schluer clearly stated the intent of the Board to erect an isolation hospital, which many councilmen not only acknowledged but also encouraged. The Newark Evening News journalist reporting on the incident expressed support for the Board of Health in the article through disparaging jibes at Mr. Vanderpoel’s mathematical skills, and reaffirmations of the competency of the Board of Health.

Orange’s Board of Health made their intentions, to build an isolation hospital, clear to the town government in regards to how the appropriated funds would be spent once a concerned citizen offered the use of his land. John D. Everitt owned a lot in the Third Ward of Orange, bordered by Lincoln Avenue, Mechanic Street, Crane Street, and Essex Avenue. The town used the lot as a dumping ground, before Everitt offered the property for the site of the isolation hospital. Everitt worked as a banker in New York City, but lived in Orange. The property covered nearly an entire block and the Board planned to build the isolation hospital at its center, leaving a marginal distance of approximately 190 feet between the hospital and the nearest house.

10 “Funds Given to Fight Smallpox.”, 9.

11 “Objected To Pesthouse.” 5.
On Saturday, March 9\textsuperscript{th}, as soon as a location was ensured, Schluer hired Benjamin Finneran as contractor for the hospital and implored him to work with the utmost haste. That very morning, Dr. Whiteside announced that had observed another possible case of smallpox, in the Third Ward.\textsuperscript{12} Everitt’s property was not only the site of the town’s dumping ground, but had also been recently declared unhealthy by the very Board of Health that commissioned construction.\textsuperscript{13} The wealthy banker had no use for the property, so he freely offered it up to the Board of Health as a site for the proposed isolation hospital. The order to construct the isolation hospital called for swift action rather than a sturdy building. Plans to move the smallpox patients were underway and scheduled for the following day, as soon as the building had four walls and a roof.\textsuperscript{14} As construction began and news of what was being built spread, an agitated crowd gathered near the construction site.

City officials, including the town’s Mayor, learned of the construction location after the building commenced. Mayor Stetson approached the construction site that Saturday and spoke with an executive from the Board of Health. Upon learning that they intended to build a quarantine hospital to house smallpox patients at a site located a miniscule distance away from inhabitants, the mayor ordered an end to the construction,

\textsuperscript{12} “Objected To Pesthouse.,” 5.


\textsuperscript{14} “Plea of an Orange Resident.,” \textit{New York Times}, March 15, 1901.
saying, “that the Board had no right to build such a building.” He cited a law passed in 1898 that forbid the construction of such buildings that could compromise the town’s health without express permission from the town’s Common Council, which was neither asked for nor given, and he himself felt that the Third Ward was a bad choice and objected not only in an official capacity but also as a private resident of Mechanic Street. In response, Mayor Stetson later told reporters that the Board executive responded saying, “that it was none of my business, and that the Board would build the building where it pleased and how it pleased.” Despite the violation of both law and health code, construction continued.

Media sources implanted the idea of violence before any attempt at destruction occurred. A large crowd of residents gathered throughout the day, becoming highly agitated as the building grew. According to the Newark Evening News, “The location immediately aroused opposition from people living in the Third Ward, and men declared that they were willing to lead in tearing down the building.” Residents of the area and concerned members of the Orange addressed several government officials throughout the day in a desperate attempt to halt the construction through legal means. Several citizens approached the president of the Board of Health, John T. Platt to discuss the construction location. Platt, upon observing the restless atmosphere, ordered a halt to the construction until a special meeting of the Board of Health could be held. Mr. Finneran reportedly

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16 “No Permission for Pest House.”, 6.

17 “Objected To Pesthouse.”, 5.
paused temporarily but resumed work after a short time stating that Schluer awarded him the contract, and unless he ordered a halt to the work, construction would continue. Schluer issued a statement that he did not intend to go near the building site again and was pleased with Finneran’s persistent construction work. The article went on to say, “Health Officer Schluer said to a NEWS reporter that he was somewhat surprised at the clamor against the erection of the building on the part of men whose intelligence ought to have taught them that the hospital was a necessity.” This would not be the first time or first person to question the intelligence of Orange’s concerned residents. Media representation throughout the construction rationalized the Board of Health’s actions, though evidence indicated mounting discontent.

Along with President Platt, several members of the town council were beseeched during their daily business about town in an effort to find lawful routes to halt hospital construction. Councilmen Thomas Davis and Charles Lighthipe consulted with several alarmed citizens throughout the day, but both ultimately decided to drop the matter stating that they lacked jurisdiction over the Board of Health’s actions given the current crisis. Public health authorities dictated events during times of disease outbreak. Local residents expressed concerns about the location repeatedly to any government official, but due to the rising power of public health authorities, the city government felt compelled to defer to the Board of Health.

In response, the Board of Health held a special meeting that afternoon, called by President Platt and Officer Schluer, who had been placed in charge of the smallpox outbreak. Schluer acknowledged that the property ultimately settled upon was not ideal,

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18 “Objected To Pesthouse.”, 5.
he claimed that it was the only one made available to the Board. Though at some point during the day Willberforce Freeman offered his property for use. Schluer refused his offer because construction was already underway on Mechanic St. He then stated that he had personally met with Mayor Stetson who, according to Schluer, completely supported his actions, and had given orders to Police Chief Leary to provide any support that the Board requested. He conveniently failed to mention that this conversation took place before a location had been secured. Despite the obvious distress within the community concerning the hospital’s location, the Board of Health persisted in construction even after another location was offered.

President Platt spoke of his experiences throughout the day of many unhappy community members who had approached him in protest of the isolation hospital stating, “they said they had endured the nuisance of a dumping ground on the property for years and they didn’t want another pest added.” President Platt gave full control of the situation to Schluer and stated that he no longer wanted anything to do with the smallpox matter. The meeting adjourned, and the Board of Health ultimately ignored the anxious populaces’ pleas. Media coverage reported threats and rumors that supposedly spread throughout the gathered crowd, which continued to amass and surround the construction. Schluer called for an overnight police watch. Two police officers were assigned to the construction site along with a hired guard. Once the officers arrived, the crowd slowly dispersed, and the neighborhood seemingly settled into a state of acceptance. By hiring protection, the Board of Health acknowledged their fear of physical community backlash.

From the start, the community made it clear that the construction was unwelcome, and

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19 John Platt qtd. in “Objected To Pesthouse.”
even when given an option to change locations, the Board of Health persisted in constructing an isolation hospital in the Third Ward less than one hundred steps away from tenements.\textsuperscript{20}

On March 9th, 1901, the same day that the quarantine hospital construction commenced, tenement occupants in Orange, New Jersey attempted arson.\textsuperscript{21} The event appears to have been a premeditated effort. The rapid work of Finneran and his men resulted in a nearly complete building by nightfall. Two policemen and a representative of the Board of Health continued to patrol the site as a large crowd, consisting mainly of Italian residents, gathered. Suddenly, several members of the crowd seized Robert Gillestie, the watchman employed by the Board of Health, and dragged him away from the construction site, enveloping the guard in the crowd. Policeman Shotts and his fellow officer immediately gave chase. Once the guards were distracted, John Harrington and several other members of the crowd rushed to the newly constructed building once security left, and quickly doused the building in kerosene.\textsuperscript{22}

John Harrington assembled a pile of wood shavings, near a corner of the building. He then lit two matches, one was snuffed out, the other was thrown and the shavings resulting in a burst of flames.\textsuperscript{23} As residents of the neighborhood joined the melee, others


\textsuperscript{21}“Set on Fire by a Mob,” \textit{The Washington Post} (1877-1922); Washington, D.C., March 10, 1901.

\textsuperscript{22}“Pesthouse Set Afire.”

\textsuperscript{23}“Police at Orange Hospital.: Man Accused of Having Set Fire to It Arraigned and Held. ProQuest Historical Newspapers: The New York Times” accessed November 8, 2016,
began to aid John Harrington. By 10:00 p.m. the hospital was on fire. A gathered group of residents cheered Harrington’s actions. The *New York Times* described the crowd as, “a large population of the kind which seeks accommodation in the more crowded neighborhoods of the city…” In other words, the poor, those most susceptible to disease. Officer Shotts was the first to realize that the Board of Health’s guard’s abduction was a diversion, and made his way back through the excited crowd just in time to bear witness to Harrington’s actions.

A concerned citizen issued an alarm from Box 41 alerting the fire department to the incendiary situation. Officer Shotts detained Harrington and placed him under arrest, charged with deliberate arson. Orange’s fire department soon arrived amidst the chaos. Chief James W. Hodgkinson began attempting to ascertain the extent of the damage, but found the task increasingly difficult because of the tumultuous crowds. Firemen battled their way to the burning building through throngs of excited onlookers. Chief Hodgkinson later alleged that he and his men were “severely beaten” by the gathered crowd. Other members of the crowd curtailed efforts to put out the flames. People gathered around the hydrants and the building to slow progress, some even barricaded the door to the isolation hospital to keep officers from entering the fiery building.

In an attempt to discontinue the firemen’s efforts, one specific individual, Louis Dodle, tried to cut the fire hose once it had finally been attached and stretched towards

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25 “The Outrage at Orange.”

26 “Pesthouse Set Afire.”
the isolation hospital. The Chief Hodgkinson caught him with a knife in his hand, and the act of defiance resulted in his arrest. The chief turned Dodle over to police officers Gronin and Finneran, and as they hauled the young man to jail, a crowd of approximately one hundred sympathizers reportedly followed, calling for his immediate release. The community’s show of support on Dodle’s behalf did not represent the actions of a “mob.” Their actions were more akin to those of protesters attempting to exercise their rights as American citizens in protesting unfair government policies.

Though the flames caused damage to the newly constructed building, it remained in tact. The crowd quickly dispersed and Police Captain Leary doubled the guard. Three men were arrested that night, John Harrington, a forty-five year old laborer, Louis Dodle, a nineteen year old Italian hatter, who lived on Essex Avenue, and John Donofrio, a thirty-three year old laborer and resident of Hurlburt street, who was arrested by Policeman McGoldrick and charged with disorderly conduct. The townspeople took action in the face of disease, but at that point there was still danger of contamination and contagion among a populace whose health was already at risk. Even after absolute proof of community unrest, the Board of Health continued with initial plans for the isolation hospital.

The New York Times coverage of the incident on March 10th reported the incident as a situation requiring police intervention to protect the Board of Health’s attempt at community safety. The article began, “Big crowds to-day [sic] visited the scene of last

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night’s attempt to burn down the new building being erected for use as a pest house.”

Despite the crowds, construction workers arrived that morning to finish the contracted work. Police stationed themselves around the partially burned isolation hospital in an attempt to subdue the gathering crowds. Officials felt secure in the knowledge that a commanding police presence and the threat of the previous night’s arrests would prevent further endeavors to destroy the isolation hospital.

Construction persisted throughout the day unimpeded and to all outward appearances, the neighborhood seemed calm. Underneath the perpetuated calm, tension broiled biding its time waiting for a chance to spill over. President Platt called on Police Captain Leary to increase the force surrounding the construction after an anonymous citizen reportedly offered him a wager that the building would be in pieces by the next morning. At 11 o’clock all was quiet and everyone in the neighborhood seemed peacefully asleep in their homes. Before the smallpox patients could take up residence in the guarded sanctuary, the neighborhood residents decided to try once more to assert the only power they had in the face of impending disease.

At 1:00 A.M. on Monday, March 11th, a single pistol shot rang out in the night, reverberating throughout the disposal site, alerting and alarming the nearby residents. Three hundred men and women streamed from the surrounding buildings wielding crowbars, axes, and hatchets with a single goal. Captain Leary stated that the masses completely overwhelmed the eight officers posted near the site. Laborers overwhelmed

28 “Police at Orange Hospital.”

29 “Police at Orange Hospital.”

30 “Mob Destroys the Pesthouse.”, 1.
the police force, surging towards the isolation hospital. Before the night was over, the newly constructed quarantine hospital was reduced to a heap of wood and dust.\textsuperscript{31}

The Board of Health called a special meeting on Monday afternoon to discuss what steps could be taken moving forward. John Platt informed reporters and those present at the meeting that Mayor Stetson had just informed him that the Board had no right to call on the police force for its concerns. “Police protection was promised us,” asserted Platt, “but last night when the trouble began there was no police protection, as was promised. The only officers there were the two special men that we paid for.”\textsuperscript{32} It was discovered that erection of the isolation hospital in that area was illegal. A law passed in 1898 explicitly stated that, “any individual, corporation, Board of Health or other body desiring to erect a hospital for the treatment of the contagious or infectious diseases shall first secure the consent of the governing body of the municipality in which the hospital is to be erected.”\textsuperscript{33} The law stipulates that express permission from the town’s City Council must be obtained before construction begins, and singled out the Board of Health specifically. Schluer issued a statement in response to the accusation:

Several influential persons doing business in the neighborhood as well as the Mayor and captain of police, who live near by, made strenuous objections to the erection of the hospital on the site, to such an extent that it seemed as though we might be forcible prevented from proceeding… the Mayor …claims that no consent has been given. Technically he is right, but it is a question whether morally he is in the right. But I have always believed that all officials should live up to the law, and I am willing to admit that technically we have attempted to do something that we have no right to do.\textsuperscript{34}

\textsuperscript{31} Willrich, \textit{Pox: An American History}.

\textsuperscript{32} John Platt qtd. in “Set Wreckage of Pesthouse Afire.”

\textsuperscript{33} “Mob Destroys the Pesthouse.”

\textsuperscript{34} William Schluer qtd. in “Set Wreckage of Pesthouse Afire.”
In the Board’s haste to provide a place to house the sick, it had not stopped to seek the permission of Orange’s residing body of government. Citizens of the Third Ward tried to halt construction through legal means, but their governing body ignored and denied their entreaties. This statement, made by the Board of Health official in charge of the outbreak definitively shows that the public health authorities were fully aware of the distress that the location was causing amongst community members. Despite this admission, media sources continued to support the Board of Health’s actions.

Around 4:00 A.M., on Tuesday, March 12th the police responded to another emergency call from the Third Ward. According to the call, a crowd rapidly formed around the rubble and flames could be seen issuing from the remains of the isolation hospital. Upon arriving the police found the area deserted and the lot smoking. Residents of the nearby homes and tenements expressed ignorance of what had happened during the early hours of Tuesday morning. The neighborhood opposed resurrection of the hospital’s construction to such an extent that they returned in a coordinated effort to ensure complete and total erasure of any sign that the lot had even been considered as a housing ground for contagion.

As of Tuesday, March 12th, Mr. and Mrs. Henry Williams of 27 South Street remained in good health and continued quarantine in their home. Dr. Whiteside continued to monitor the suspicious case in the Third Ward, but reported that the patient had still

35 “Set Wreckage of Pesthouse Afire.”

36 “Hospital Ruins Set on Fire.”
not exhibited any definitive signs of the disease.\textsuperscript{37} The smallpox patients never took residence in the dumpsite. Living next to a town dumpsite caused irritation, but the threat of an isolation hospital on an already unhealthy ground and surrounded by homes was absolutely unacceptable. Immigrant factory laborers, sick of being discriminated against through low wages and terrible working conditions, tired of not having any power in the face of corporate and government decisions, definitively ended the threat of smallpox within their community.

The isolation hospital in Orange, New Jersey was obliterated by a group of men and women who were concerned about the legality of the construction and the ill effects that the building would have on their neighborhood. After exhausting options to halt construction legally, the neighborhood took matters into their own hands. For their efforts, the media of the day widely painted the incident as “riotous” and “lawless,” the actions of “mob mentality” and those “lacking intelligence” and therefore unfit to rule themselves. Newspapers throughout the Northeast, including the \textit{New York Times} and \textit{The Washington Post}, condemned the actions, calling for swift justice and lamenting the loss of a safe place to house contagion. Newspaper coverage caused a skewed perspective of the incident, victimizing the Board of Health and other local response authorities and focusing on the incident rather than contextualizing the destruction within the greater picture of Orange’s smallpox outbreak.

\textsuperscript{37} “Set Wreckage of Pesthouse Afire.”
Part IV: “… the tendency of semi-civilized communities to place insurmountable obstacles in the way of health authorities…”¹

*The New York Times*’ article, “The Outrage at Orange,” publicized sympathy for the trials that public health officials encountered in the face of a presumably “semi-civilized community,” which placed “insurmountable obstacles in the way of health authorities in the face of contagious diseases.”² The article goes on to condemn the laborers’ actions:

To discuss the moral or ethical aspects of this outrage would be a waste of time and space. Mobs do not often reason [sic], and when they do it is from mis-taken [sic] premises to false conclusions. … Orange at the moment has a number of cases of sickness for which the accom-modations [sic] of an isolation hospital are imperatively needed. These cases must be left in-the houses in which they orig-inated [sic], and there is a very good chance that smallpox will gain a headway which will defy the power of the local sanitary administration to control or suppress it. The classes from which the mob was recruited are the ones which will suffer most from the condition of things thus created…³

The article condemned and denigrated Orange’s Italian immigrant population. The term “semi-civilized” community insinuated that the possibility existed to civilize the community if they submitted to the authority of America’s growing public health establishment, but use of the term “mob” in the same article rendered the former term as a belittling adjective used to further undermine the community’s claim to citizenship. The majority of media reportage distinctly reinforced the Board of Health’s actions, but Orange community sentiments did not necessarily align with those reported in newspapers.

¹ “The Outrage at Orange.”, 8.

² “The Outrage at Orange.”

³ “The Outrage at Orange.”
An Orange citizen wrote to the editor in direct response to the above article:

It was surprising to many of the residents of Orange to read your editorial this morning on the so-called ‘Outrage at Orange.’ Simply because the residents in the vicinity of the ‘dump ground’ are working people they are to be made un-comfortable and their health and that of their children endangered because the Board of Health – so-called – chose to put a pesthouse in the midst of their dwellings…. Legally, I suppose the people were in the wrong, but morally they had every right to act as they did with no violence except on the part of the police.4

The editorial was signed, “A Sympathizer with the People,” and was written on March 13th from Orange. In looking at “The Outrage at Orange,” it is surprising that The New York Times published “Plea of an Orange Resident” at all.

The two articles represented vastly different perspectives of the same incident as shown through the lens of the media and an Orange resident. The first focused on class in a derogatory tone and added the moniker “mob” which denoted an Italian population.

“The classes from which the mob was recruited,” suggested an impoverished Italian population, one that made up a “semi-civilized” community. The article negates the protest to an act of violence made by those unfit to make decisions for themselves.5 The second article, “Plea of an Orange Resident,” allows for a glimpse of how the surrounding community of Orange felt. In it, the sympathizer also focused on class, but with the positive denotation of “working people,” humanizing Third Ward residents. The sympathizer also hints at community feeling towards the “so-called” Board of Health, illustrating the extent of the tension between parties by undermining the public health officials’ authority. Unlike any of the other articles published about the even,

4 “Plea of an Orange Resident.”

5 “The Outrage at Orange.”
“violence” is used to describe government authority rather than the “working people” who destroyed the hospital. The last line explicitly supported the protest’s actions and outcome.⁶ “The Outrage at Orange,” and “Plea of an Orange Resident” exemplify different historical narratives, unequivocally illustrating how media coverage worked to create a situation that heightened hostilities and alienated Orange’s Board of Health from the community.

The aftermath of the isolation hospital destruction left five people in jail accused of various degrees of public misconduct and the Board of Health scrambling to both gain control of the situation and manage a smallpox outbreak. Perception of the events that took place in Orange, New Jersey on March 10th, 11th, and 12th, vary drastically depending on whether one looks through the lens of the surrounding residents or the lens of public health authorities and the media. In 1901, media misrepresentation of Italian immigrants served as a constant reminder of their status as an inferior race, and mischaracterization of the Orange isolation hospital destruction reinforced the stigma. For example, *The Orange Journal* utilized the populations “unhygienic” reputation to advocate for the construction of an isolation hospital, “The Italians and the colored people who are the least cleanly of our citizens and among whom contagion is most likely to arise and spread, live in the most unhealthy quarters and sleep four and five of them in a room.”⁷ The journalist felt that, “It is necessary to state these facts for our well-

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⁶ “Plea of an Orange Resident.”

to-do residents know little of our commu-nity [sic]…”

In advocating for an isolation hospital to benefit the poor of the city, the journalist educated wealthy residents concerning the plight of the “least cleanly” of Orange’s population. Negative monikers misrepresented Orange’s Italian population in all facets of public health, from arguing for quarantine hospitals to the “lawless” actions and “mob” like characterization when the community was forced to drastically protest the Board of Health’s construction location.

The location of the isolation hospital caused skepticism, outrage, and protest from inhabitants of Orange from all walks of life. From the mayor to the teenage laborers, those living in the vicinity questioned the judgment of placing an isolation hospital in such a problematic location. The media de-emphasized the contention surrounding the setting. The *New York Times* described the isolation hospital location as being, “in about as good a place as could be chosen.”

Homes and tenements housing residential laborers and hatters that created the workforce in the area surrounded the lot. A law passed in 1898 forbid the erection of such a building without express permission from the governing body of the town. Orange’s Common Council awarded the Board of Health $1,000 and many voted for the appropriation with expectations that an isolation hospital would be built; however, the gradations of the law created a query around the legality of the construction. After securing a location, Mr. Schluer, the health official placed in charge of the outbreak, failed to obtain the legal permission of Orange’s Common Council, rendering the construction illegal. Others believed that the location in and of itself posed enough of a health hazard to warrant destruction.

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8 “An Isolation Hospital.”

9 Kraut, *Silent Travelers.*
Five people were arrested following the destruction of the isolation hospital, John Harrington, “charged with attempting to fire the building,” Louis Dodle, “who attempted to cut the hose while the firemen were endeavoring to extinguish the flames,” as well as, William K. Rankin, Joseph Barone, and Sabino Russo. Orange police believed that the five encompassed those that organized and led the movement. Three arrests occurred from Saturday night to Sunday evening in response to the attempted arson, John Harrington, Luis Dodle, and John Donofrino. *The New York Times* followed the arrest of John Harrington after he was discovered lighting a match that he then used to set the kerosene soaked building aflame on March 10th:

To-day [sic] John Harrington, the man accused of having set the fire last night, was ar-raigned [sic] before Judge Bray and held. He could not be admitted to the bail, although it is said a prominent citizen was ready to go on his bond. Harrington can only be bailed by one of the Judges of the higher courts, as in this State arson in not an offense bailable before a Police Magistrate.

The article hints that several people, including a “prominent citizen” in Orange stood behind Harrington in his attempt to ensure the safety of those in the Third Ward. Judge Bray stated that Harrington’s bailer offered to pay any amount up to $5,000, five times the amount given to the Board of Health to construct the isolation hospital, to free John Harrington. Evidence shows that wealthy members of the community supported the

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10 “Orange Pesthouse Wrecking.”


12 “Police at Orange Hospital.”

13 “Police at Orange Hospital.”

14 “Pesthouse Set Afire.”
destruction of the isolation hospital. The article made no mention of mobs, just “crowds.” After Orange residents completely destroyed the isolation hospital the following night, the media changed their language eliciting riotous imagery.

Louis Dodle, a nineteen-year old hatter who was employed on McWhorter Street, also appeared before Judge Bray on the morning of the 11th. Chief Hodgkinson, of the Fire Department, stood as witness to Dodle’s misdemeanor, stating that he caught the teenager with a knife in his hand attempting to cut a fire hose and immediately turned him over to the police. W.K. Rankin was arrested in lieu of the following night’s events, when Orange residents successfully demolished the isolation hospital using axes and hatchets. Police officers charged Rankin with malicious mischief. Prior to his arrest, Rankin served as a Justice of the Peace and a commissioner of appeal in taxation cases. At the time of his arrest, Rankin resided at 18 Mechanic Street, near Mayor Stetson and down the street from the proposed location for the isolation hospital. When Justice Bray arraigned William Rankin, he read the duties of a Justice of the Peace to remind him of his previous commitment to suppress riots, and then accused him of inciting one. An outlier of the time, Rankin’s part in the isolation hospital destruction revealed that not all people involved in the judicial system unflinchingly supported public health authorities. The next day, police arrested Joseph Barone and Sabino Rosso. Forty-six year old Joseph Barone, who just three days before served as Luis Dodle’s translator, was arraigned

15 “Pesthouse Set Afire.”
16 “Mob Destroys the Pesthouse.”
before Judge Bray. The article relaying the event described Barone as, “one of the best known Italians in Orange.”

Despite his reputation, several witnesses came forward to state that Barone “willfully and maliciously,” took part in the destruction of the isolation hospital. Those arrested for the supposed conspiracy against health posed a wide range of social class, alluding to the fact that wealthy members of the community supported the hospital’s destruction. The social make-up and support given to the arrestees implies the community’s support of the incendiary event. Though many prominent members of Orange approved of the actions of Third Ward residents, media reportage relays an alternate story of scorn and censure.

The media painted Orange’s Third Ward residents as criminals bent on “barbarism” and self-destruction. Several national and local newspapers, such as The New York Times, Washington Post, and Newark Sunday News, as well as medical journals and judicial accounts examined the incident with disdain. “The ignorance of some of these people had been worked up to a wild pitch by the talk on the streets during the day, and there were mutterings of discontent heard on all sides,” the journalist goes on to explain, “When it is known that men of intelligence and prominence had publicly given utterance to such sentiments as ‘I hope the place is burned down to-night’ It does not seem strange that among persons less fortunately endowed there should be murmurings[sic] and threats of violence.” This journalist simplified the neighborhood’s radical

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19 “Ringleaders All in Custody.”

20 “The Outrage at Orange.”

21 “Pesthouse Set Afire.”
protest to an act of “ignorance,” that is not surprising because they were “persons less fortunately endowed.” Mischaracterizing the incident as one of intelligence and class ignored several key factors and perpetuated negative stereotypes of Orange’s working class.

An article published by the *New York Times* claimed that the incident was, “none the less an act illustrating the readiness with which well-ordered and generally law-abiding communities revert to barbarism when their fears or evil passions are aroused.” The article fails to mention the condition or proximity of the surrounding neighborhoods and excludes overall community perception. In a statement following the destruction, Mayor Stetson chastised the Board of Health’s choice of location, “To at least nine-tenths of our people the idea of locating an isolation hospital upon the city’s dumping ground, which the Board of Health itself has only recently declared to be un-healthy [sic], is certainly most revolting.” The “fears” and “evil passions” mentioned by *The New York Times* journalist were “aroused” by the proposed building’s direct threat to the surrounding neighborhood’s safety.

*The International Record of Medicine*, published that year, remarked that, “The excuse for this act, that the location of a pest house was injurious to property, is no justification.” While some may have been concerned about “property,” Third Ward residents were concerned for their lives and livelihoods. Quarantine instituted by the

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22 “The Outrage at Orange.”


24 Edward Swift Dunster et al., *International Record of Medicine and General Practice Clinics* (MD Publications, 1901), 513.
Board of Health because of contagion in the vicinity of the proposed isolation hospital would mean no income for several weeks at a time. Another publication observed that, “Mental epidemics seem to be wholly beyond sanitation.”\textsuperscript{25} The comment in \textit{The Municipal Journal and Public Works} implies that mental of the Orange community caused the incendiarism. Both journals failed to mention the legal attempts made by several members of the Third Ward, as well as prominent members of the community, including the Mayor and Chief of Police in desperately attempting to halt the illegal construction. Their concerns fell on deaf ears as they appealed to several members of the town council and the President of the Board of Health, John Platt. Members of the media construed the incident by focusing on the details that lent themselves to the story’s dramatic ending rather than contextualizing the surrounding atmosphere.

Other articles from various publications also worked to reduce Orange’s protest by demeaning Third Ward residents and their actions. \textit{The New Jersey Law Journal} urged the grand jury of Orange to investigate and condemn those responsible for the destruction. The journal quotes Chief Justice Depue in his call to action in persecuting the “rioters”, “The courts of this state and of this county are open for the redress of public and private wrongs, and the law is efficient for such purposes. If this act be overlooked and excused, a precedent will be established, the consequences of which it is impossible to forecast.”\textsuperscript{26} The incident in Orange illustrates the rise of public health authority as supported by the law and media. Those in power and geographically isolated from

\textsuperscript{25} Municipal Journal & Public Works (Municipal Journal & Engineer, Incorporated, 1901), 186.

\textsuperscript{26} Abraham Van Doren Honeyman et al., \textit{The New Jersey Law Journal} (Honeyman & Rowe, 1901), 506-507.
incident swiftly and harshly judged Orange’s neighborhood, creating a practice of recrimination. Articles that mischaracterized the event led to a situation in which no one benefited by aggravating conflicts between Orange’s Board of Health and the community.

As the weekend progressed from attempted arson to the hospital’s complete annihilation, so did the media’s representation of the events. Though the media often supported public health authority and its rising power, they still used negative language to describe the Board of Health’s work. Before the destruction, the construction was only ever referred to as an isolation hospital. After demolition, newspapers referred to the area as a location for a pesthouse, as in the article title, “Orange Pesthouse Wrecking” or “Set Wreckage of Pesthouse Afire.” 27, 28 The colloquial term pesthouse referred to, “a place (whether it be a tenement house of palace) from which contagious diseases spread.” 29 Dr. E. E. Worl gave a lecture in Orange two weeks after the isolation hospital destruction. His message focused on forgoing use of the word pesthouse to refer to isolation hospitals, which he defined as, “a place in which patients with contagious diseases can be most carefully treated, and by means of which the community can be protected from the spread of such disease.” 30 The two terms referred to vastly different places, but the media used the terms synonymously perpetuating a negative stereotype of the construction, while

27 *New York Times*, “Orange Pesthouse Wrecking”

28 “Set Wreckage of Pesthouse Afire.”

29 “Smallpox and Inoculation: Timely Address Delivered by Dr. E. E. Worl Before the Charities Confer-Ence of the Oranges: Against Use of Word ‘Pesthouse,’” *Newark Evening News*, March 27, 1901.

30 “Smallpox and Inoculations.”
conversely condemning those who destroyed it. In continuously using the term “pesthouse” in headlines, journalists elicited harmful imagery, which ultimately hurt the Board of Health’s efforts.

The mayor himself gave a scathing statement to reporters censuring the actions of the Board of Health and singling out Mr. Schluer for his lack of medical experience, “It is only during the incumbency of the present health officer, who is not a physician, that the cases have been spread broadcast in all the news-papers [sic], to the great detriment of the city and to the great injury of its good name for healthful-ness [sic],” Prominent members of Orange widely acknowledged that the actions regarding the isolation hospital were extreme, but also expressed fault and blame with the Board of Health indicating that though the actions of the residents were wrong, the end result was right, “Through ignorance of the laws on the subject the Board of Health undertook to select a location for the pest house,” Mayor Stetson explained his stance, and continued with the comment, “While this does not in any way excuse the acts of lawless-ness [sic] which followed, I cannot but feel that they would not have occurred had the Board of Health acted in the manner provided by law and requested the Common Council to do what the law directs.” The law mentioned was established in 1898 and stipulated that no hazardous building could be constructed without the consent of the city’s governing body. This required the Orange Board of Health to seek permission from the Common Council. After the destruction and chaos of the first attempt, the Common Council remained

31 “The Mayor’s Message: He Finds Fault With the Board of Health.”

32 “The Mayor’s Message: He Finds Fault With the Board of Health.”
hesitant to approve reconstruction.\textsuperscript{33} Despite evidence that Orange’s community objected to the isolation hospital construction, media coverage, particularly those sources geographically distanced from Orange, immediately characterized the incident through a culturally and socially biased lens.

Throughout the following week, major newspaper publications continued to demean and dismiss the town’s rationalization that a questionably legal, hazardous building should not be built on the town’s garbage disposal site, within a stone’s throw of tenement residences. Instead, they recounted the narrative of an “unintelligent” population incapable of self-government. Despite the overwhelming negative publicity, one sympathizing Orange resident wrote to the New York Times to plead for understanding of the community’s perspective, “I am in favor of isolation hospitals, where they are removed from all dwellings; but not where as in this case, the nearest house was only 100 feet away and on all sides surrounded by tenants.”\textsuperscript{34} the statement appeared in response to “Outrage in Orange”, the scathing article of March 13\textsuperscript{th} that characterized Orange’s residents as a “semi-civilized mob” who placed “insurmountable obstacles in the way of public health officials.”\textsuperscript{35} Yet, the “Plea of an Orange Resident,” like the first report, shows that most local officials as well as the members of the

\textsuperscript{33} Dunster et al., \textit{International Record of Medicine and General Practice Clinics.}, 511.

\textsuperscript{34} “Plea of an Orange Resident.”

\textsuperscript{35} “The Outrage at Orange.”
community viewed the local protests as those of “working people” contending with an unnecessary arbitrary threat to their health and livelihood.\textsuperscript{36,37}

**Conclusion:** “…we might be content to let those suffer who should.”

Following the isolation hospital protests, the lot off Mechanic St. remained empty and abandoned to the detriment of the entire Orange community. Media reportage supported Orange’s public health officials, all the while condemning the radical protests by the local residents “The classes from which the mob was re-cruited [sic] are the ones which will suffer most from the condition of things thus created, and if the consequences could be restricted to those guilty of inciting or participating in the outrage of destroy-ing [sic] a necessary and inoffensive public institution, we might be content to let those suffer who should.”\textsuperscript{2} In affirming Orange’s need for a quarantine space, this newspaper suggests that the physical suffering of the Third Ward’s residents was a just outcome: “…we might be content to let those suffer who should,” concluded *The New York Times.*\textsuperscript{3}

Orange’s Italian immigrant population, the city itself, and the Board of Health all suffered in the weeks following the destruction. The smallpox outbreak led to strict quarantine among Third Ward residents, and the lack of an isolated care facility doomed  

\textsuperscript{36} “The Outrage at Orange.”
\textsuperscript{37} “Pesthouse Set Afire.”
\textsuperscript{1} “The Outrage at Orange.”
\textsuperscript{2} “The Outrage at Orange.”
\textsuperscript{3} “The Outrage at Orange.”
those in the same building as patients to strictly enforced house arrest in order to lessen the spread of the disease. The town of Orange’s reputation faced negative publicity propagated by media reportage. Finally, despite the media’s support, the tensions created between the Board of Health and other local officials in the town, arguably, impaired the Board of Health’s capacity to curb the smallpox epidemic effectively. Most importantly, the media’s mischaracterization of events in Orange foreclosed the possibility of community support for any future endeavor that Orange’s Board of Health might have made in securing permission to rebuild in a different location.

The events that occurred in Orange after the destruction of the isolation hospital emphasized the town’s need for such a location. However, because of the media’s harsh misrepresentation compounded with the city Board of Health’s hasty location choice and ignorance of pre-existing laws, the town suffered physically and financially. On March 25th, Florence Davis, a friend of the Williams’ who visited the couple a few days before their quarantine began, developed varioloid, the mild form of smallpox. After Dr. Whiteside’s diagnosis, the Board of Health immediately quarantined Davis’ entire building, a three-story tenement at 56 Hickory Street inhabited by Italians and African Americans. “In the meantime,” stated the Newark Evening News, “the city will have to provide for all these people and the house is watched by four policemen, night and day in order that no one may make his escape from the building.”4 The block around Hickory Street transformed into a prison, complete with scheduled mealtimes and guards. Thirty Third Ward residents living 56 Hickory Street were forced to give up two weeks pay as

well as freedom of movement because there was no isolated location to treat smallpox patients. On March 26th, Florence Davis’ varioloid developed into smallpox and discussion of the need for an isolation hospital once again circulated.¹

In endorsing the actions of Orange’s Board of Health, the media alienated the city’s public health authorities from its governing body, the Common Council. On March 29th, Mr. Schluer, endorsed by the Board of Health, again approached the Common Council to ask for another $1,000, with the explicit intent of building an isolation hospital. His request was denied.² Orange posed a unique situation among the nation’s trend towards yielding to public health authorities. As the public health establishment gained power, in most cases the law and local governments continuously showed its support of initiatives issued by Boards of Health. Conversely, in Orange, the situation created strain between the Common Council, Mayor, and the city’s Board of Health. Rather than mutual support, the entities were at odds with one another due to the location of the proposed isolation hospital. The negative publicity that the previous construction attempt brought to Orange through media misrepresentation, including continuous use of the term “pesthouse,” compounded with the high cost and fear of further community backlash, foreclosed the possibility of rebuilding.

Newspaper coverage’s unflinching support of Orange’s public health authorities proved detrimental to the Board of Health’s mission. Rising public health authority was a


symbol of the Progressive Era, which began in 1900. The wealthy and powerful believed that science and technology would cure society’s moral and physical woes, from uncleanliness to disease. Newspapers took up the mantle of progressivism and broadly supported the ideals professed by government and state backed public health establishments. Thus, the media’s overwhelming support of Orange’s Board of Health, despite local and community backlash is indicative of the time period. However, the negative reportage towards the city proved damaging to the task of the Board of Health, which was to establish an isolation hospital. In alienating the Board of Health from the Orange community and other government entities, the media stopped the Board of Health from completing its undertaking. When they approached the Common Council for permission to rebuild, it was soundly denied. The tension caused by the defamatory representation of the Orange community impeded future endeavors to build an isolation hospital in the city.

Media sources overwhelmingly ignored any rationale presented in support of the quarantine hospital’s destruction. The implications of contagion and quarantine that an isolation hospital represented meant that nearby residents risked health and livelihood. The opening line of “Plea of an Orange Resident” offered a glimpse at community perspective, “It was surprising to many of the residents of Orange to read your editorial of this morning on the so-called ‘Outrage at Orange.’” Italian immigrants residing in Orange were not the only dissenters. Protestors ranged from past government officials to teenaged hatters, showing that while class factored into the incident, it was not the

7 “Public Health in the Progressive Era.”

driving force, the Mayor and Chief of Police also voiced trepidation. Despite the complexity of social and cultural factors, the media reduced the complicated incident to one of immigrant barbarism in the face of public health heroism, “But the rioters should be punished and the general sentiment of the community should support the Board of Health in its difficult and thankless tasks. We cannot afford to have it go out to the world that the city of Orange winks at rioting while two branches of the city government bandy words in the face of a public exigency.”

Newspapers continuously reiterated that Orange’s Italian population was unfit for self-governance, despite the fact that public health officials broke the law long before Third Ward residents did by illegally constructing the hospital.

Throughout the spring, media reportage questioned Orange’s Italian population’s right to citizenship by using language that suggested that Third Ward residents answered to a different authority. “Mob,” a term used widely to describe Orange residents throughout local and national newspapers denoted a decidedly unreasonable assembly. In fact, autonomy implied in terms such as “mob” and “mob law,” directly questioned participants’ ability to be governed by American law. Thus, the media insinuated that Italians were unworthy of citizenship because they supposedly answered to an authority other than the United States government and in doing so consequentially undermine their rights to citizenship. Orange’s “mob” destroyed an illogically placed building that threatened nearby residents with contagion. The term “mob” also implied dual meanings. On the one hand, it signified a riotous group of people acting violently. On the other, it possibly denoted the presumed influence within Orange’s Italian immigrant community.

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9 “The Isolation Hospital Squabble.”
of the mafia, an organization known for its authoritarian governance, and its illegal and threatening means. Thus, in using the term “mob” to characterize Orange’s population, media reportage elicited the idea that Orange’s Italian immigrants were prone to violence and unruliness, incapable of acting in the public interest, and unfit for full participation in democratic society. Local government officials including the Common Council and Mayor recognized the rationale behind the actions of the Third Ward’s residents. However, in keeping with ideas of the time, newspapers sided with the city’s Board of Health, designating the protesters as unfit citizens.

The decimation of the isolation hospital in Orange, New Jersey on March 10\textsuperscript{th}, 11\textsuperscript{th}, and 12\textsuperscript{th} shows that, while lower classes are historically cast as victims of disease, there are cases when they sometimes refused to play the role. The rise of public health authorities throughout the nineteenth and twentieth century, reinforced by the media, curtailed peoples’ rights causing populations to take extreme action through self-appointed authority. The rationality of Orange’s Third Ward residents, largely consisting of Southern Italian immigrants, was recognized by the Common Council through the council’s denial in lieu of the Board of Health’s reconstruction request, but at what cost? The Board of Health’s hasty decision in location led to ineffective governance and loss of trust between Orange’s entire community and the its public health officials. Orange’s complex story does not answer who was right or wrong, but it does exemplify the power that the media had in shaping perceptions of events. Arguably, newspaper depictions resulted in a lost opportunity for all parties to work together to ensure the health and vitality of the community and the larger body politic. Media misrepresentation fueled
divisions between instead Orange’s public health authorities and the community, which compromised the safety of all.
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